City of Milpitas Building Inspection Division

455 E. Calaveras Blvd., Milpitas, CA 95035 Telephone: 408-586-3240 • Fax: 408-586-3285

Grading & Drainage Submittal Requirements

| Pı | roject Ad | ddress: | Date: | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|--|
| | | o process and expedite your request for a Buil ted below and include this Checklist in your su | | |
| | _ 60 | Complete sets of drawings to include: | | |
| | | Grading Plans with Storm Water Management Inf | Formation if applicable. | |
| | | ☐ Erosion Control Plans | | |
| | | ☐ Details and Notes | | |
| | | Documentation | | |
| | | ☐ Soils Report; 2 copies | | |
| | | ☐ Drainage Study; 3 copies | | |
| | | Storm Water Prevention Plan (SWPP), only requise 5 acres; 3 copies | red if the project is greater than or equal to | |
| | | Letter of Release. If the grading or drainage cros affected property owner(s) is required. | ses property lines, a letter of release from the | |
| No | otes: | | | |
| 1. | All drawings and calculations must be signed by design professionals as required by the California Business & Professions Code. | | | |
| 2. | If one or more required items are not submitted, the application will be considered incomplete and will not be processed. | | | |
| 3. | Building permits may only be issued to Building Owner or a Licensed Contractor. A Building Owner, who acts as General, and hires non-licensed help to do the work, must provide Worker's Compensation insurance. Proof of insurance is required prior to permit issuance. | | | |
| Si | gnature: | | | |
| I h | ave read the | he above information and have submitted all the requ | uired information. | |
| Print Name: | | | phone Number: | |
| Signature: | | Date | ; | |